

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003959

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318

1003

812

FILED JAN 31 1963

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Missouri

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis 6

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jewish HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1948 No. Market StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
EdithMiddle
MarieLast
Paszkwicz

4. DATE OF DEATH

Month
1Day
24Year
635. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-24-639. AGE (last birthday)
Months DaysIF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.
2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Louis, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Edward Dennis Paszkiewicz

13b. MOTHER'S MAIDEN NAME

Beth Loraine Zeitz

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT
Beth PaszkiewiczAddress
1948 No. Market St.18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Prematurity

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Incompetent cervical os?

DUE TO (c)

776X

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Birth to death and last saw her him alive on 1-24-1963
Death occurred at 8:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Gordon R. Blumhertz M.D.

22b. ADDRESS

216 S Kings Highway

22c. DATE SIGNED

1/25/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
1-25-6323c. NAME OF CEMETERY OR CREMATORY
Calvary23d. LOCATION (City, town, or county)
St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

ST. LOUIS FUNERAL HOME

25. DATE RECD. BY LOCAL REG.

JAN 25 1963

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald Karabowich

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.